Date: 12-15-09

CITY OF MADISON

Registration Statement	Common Council
Please Print	PLEASE PRINT NAME CLEARLY
	Name ROSEMARY LEE
Agenda No. 15-CITIZEN APPTS	Address 111 W. Wilson 57 #108
	53703
Please check the appropriate box:	Please check the appropriate box:
Support Connect	Wish to speak AND Do not wish to speak
Oppose Neither Support Nor Oppose	Available to ensure questions
At this meeting are you representing an organ	
(If you answered "no," STOP; you need not	complete the rest of this form. If you answered "yes," provide the name
of who you represent and go on to the next qu	
Name, address and telephone number of each	n person or organization you are representing:
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question)	duties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com	mon Council) 5 minutes

REGISTRATION STATEMENT - PAGE 2

Are you an elected o other governmental b	fficial or employee who is appea ody?	ring solely on behalf of your office	or for your municipality or Yes No
(If you answered "ye this form If you answ	s" to the question, STOP. You nevered "no" to the question, go on	red not complete the rest of this form to the next question.)	m, except that you must sign
If you are being paid that:	I for your representation, or if y	our appearance is part of other pa	id duties, please be advised
1 Befor	e you engage in lobbying as a lo he City Clerk	bbyist, you or your principal must	file an authorization
	principal is not permitted to aut Clerk	horize you to lobby unless you are	registered with the
perio		nore than \$1,000 for lobbying servit file expense statements with the	
(Please go to the C Room 103 of the City	ity Clerk's website <u>www.cityofi</u> -County Building, Madison, for n	madison.com/clerk/index.html or g nore information.)	o to the Clerk's Office at
Date	Signature Print Name		